DRUG MANUFACTURING LICENSE APPLICATION

PLEASE COMPLETE THIS FORM FULLY—INCOMPLETE APPLICATIONS WILL BE RETURNED

See Page 2 for Instructions.

☐ NEW APPLICANT ☐ RENEWAL APPLICANT ☐ RELOCATION ☐ OWNERSHIP CHANGE ☐ OWNERSHIP AND LOCATION CHANGE

1. Name of Firm			9. Facility Operator (name and title)		
2. DBA (List additional DBAs on separate sheet if necessary.)			10. Facility Telephone Number ( )	11. Facility FAX Number ( )	
3. Facility Address (number, street)			12. 24-Hour Emergency Telephone Number ( )	13. E-Mail Address	
4. Facility Address (continued)			14. Correspondent (name and title)		
5. City	State	ZIP Code	15. Correspondent Telephone Number ( )	16. Correspondent FAX Number ( )	
6. Mailing Address (if different or P.O. Box number)			17. Country (if other than United States)	18. FDA CFN or FEI Number	
7. Mailing Address (continued)			19. Website (URL)		
8. City	State	ZIP Code	20. Interstate Commerce ☐ Product Shipped ☐ Product or Raw Materials Received ☐ N/A		

21. Type of Ownership
☐ Individual/Sole Proprietorship ☐ Partnership ☐ Corporation/Limited Liability Company ☐ Nonprofit ☐ Other: _____

22. Corporate Name (if applicable)	State of Incorporation
23. Owners' or Officers' Names and Titles	Owners' or Officers' Names and Titles
24. Size of Facility (square feet)	Number of Employees at this Facility

25. Stage of Manufacture at Date of Application (check all that apply)
☐ Manufacturing products
☐ Plant construction/design
Targeted completion date: _____
☐ Validation—completion date: _____
☐ Other (specify): _____

26. Intended Drug Destination (check all that apply)
☐ Commercial distribution ☐ Human clinical trials (investigational use) ☐ California distribution only ☐ U.S. distribution ☐ Export market

27. Type of Drug Product (check all that apply)
☐ Prescription ☐ Over-the-counter ☐ Both

28. Drug Products Manufactured at this Location (check all that apply)

☐ Approved New Drug	☐ Controlled substances (schedule: _____)	☐ Parenteral	☐ Veterinary
☐ Biologics	☐ Investigational New Drugs (IND)	☐ Pre-IND	☐ Other (specify):
☐ Biotech	☐ Medical gases	☐ Radioactive	_____
☐ Bulk pharmaceuticals (API)	☐ Oral dose (solid/liquid)	☐ Topical	

29. Manufacturing processes/activities employed or planned in the manufacture of the drugs listed above. Indicate if these processes/activities will be done at this location (in-house) or by a contract. List other processes using additional sheets, if necessary. (Check at least one or more.)

Processes/Activities	In-house	Contract	Processes/Activities	In-house	Contract
Aerosolization	☐	☐	Powder Mixing	☐	☐
Aseptic	☐	☐	Relabel Only	☐	☐
Coating	☐	☐	Repackage Only	☐	☐
Emulsification	☐	☐	Sterilization	☐	☐
Encapsulation	☐	☐	Suspension	☐	☐
Fermentation/tissue culture viral vector/gene therapy	☐	☐	Tableting	☐	☐
Liquid Mixing	☐	☐	Other (Specify): _____	☐	☐

LICENSE FEE: $447.18

MAKE CHECKS PAYABLE TO: DEPARTMENT OF HEALTH SERVICES
See Page 2 for Mailing Address.

The Food and Drug Branch MUST BE NOTIFIED of any change in the application information as provided by CA Health and Safety Code, §111630.

By signature, I declare under penalty of perjury that all information provided herein is true and correct.

30. Signature	Printed Name	Title	Date

PLEASE DO NOT WRITE BELOW THIS LINE.

License Number	Expiration Date	Date Received	Payment Type	Amount
				$

NEW AND RENEWAL DRUG MANUFACTURING LICENSE APPLICATION INSTRUCTIONS

A separate application is required for each place of business. Please complete and/or amend this application as is most appropriate to your facility. Include the appropriate fee for each application and payable to: DEPARTMENT OF HEALTH SERVICES. This fee must accompany this application or the application cannot be processed. For renewals, penalty for failure to apply within 30 days after expiration is an additional $10 that must be added to the renewal fee before the license is issued. Unsigned or incomplete applications cannot be processed. The following are further instructions on how to complete this application:

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for a Drug Manufacturing License at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained a Drug Manufacturing License for this location, and you are renewing that license. If your firm has changed location, ownership, or both, place an (X) in the box adjacent to the appropriate response.

1. **Name of Firm:** Enter full name of business, corporation, company, or organization applying for licensure.
2. **DBA:** Enter any other name(s) your company is doing business as.

3.–5. **Facility Address:** Enter the street, city, state, and ZIP code for this facility location.

6.–8. **Mailing Address:** Enter full mailing address if different from the facility address.

9. **Facility Operator:** Enter the full name(s) of the person(s) in charge of drug manufacturing at this facility and their title(s).
10. **Facility Telephone Number:** Enter daytime business telephone number of this facility.
11. **Facility FAX Number:** Enter facility FAX number.
12. **24 Hour Emergency Telephone Number:** Enter telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter facility e-mail address.
14. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
15. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
16. **Correspondent FAX Number:** Enter the daytime business FAX number of the contact person.
17. **Country:** Enter the country where your facility is located, if outside of the United States.
18. **FDA CFN or FEI:** Enter your US Food and Drug Administration Central File Number or Federal Establishment ID, if known.
19. **Website:** Enter the website address for your business, if applicable.
20. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
21. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
22. **Corporate Name:** Enter corporate name if applicable. Enter state of incorporation if applicable.
23. **Owners' or Officers' Names:** List the business owners' or officers' names and titles.
24. **Size of Facility**: Indicate the most appropriate size (in square feet) at this facility and the approximate number of employees at the facility.
25. **Stage of Manufacture:** Place an (X) in the box next to the stage of manufacture your products are in at the time of application submission. Check all that apply.
26. **Intended Drug Destination:** Place an (X) in the box adjacent to the destination(s) for your manufactured products. Check all that apply.
27. **Types of Products:** Check each product area box that applies to the drugs manufactured or to be manufactured.
28. **Products Manufactured:** Place an (X) in the box adjacent to each product area box that applies to the drugs manufactured or to be manufactured. Use additional sheets if necessary.
29. **Manufacturing Processes:** Place an (X) in the column adjacent to any indicated processes to identify if they will be done in-house or contracted-out. Leave line blank if the indicated process will not be used in the manufacture of listed drugs. List additional processes or methods as needed herein or on additional sheets if necessary
30. **Sign the application, print your name, print your title, and enter the date.**

MAKE CHECKS PAYABLE TO: **DEPARTMENT OF HEALTH SERVICES**

MAIL APPLICATION AND CHECK TO:
California Department of Health Services
Accounting Section/Cashiers
1501 Capitol Avenue, MS 1101
P.O. Box 997415
Sacramento, CA 95899-7415

If you have any further questions, please contact the Food and Drug Branch License Desk for Medical Devices and Drugs at (916) 650-6500 or visit our web site at: http://www.dhs.ca.gov/fdb/ .